

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-038563

5313

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

FILED NOV 1962

VS 300
Rev. 4/59

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23348

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9576X

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1276-0

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DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH

a. COUNTY JACKSON

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN KANSAS CITY

Length of stay in lb
60 years

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION V A HOSPITAL

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE MISSOURI b. COUNTY JACKSON

c. CITY OR TOWN KANSAS CITY Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location) 2604 CHELSEA
Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED

First Middle Last
RUSSELL WINFREY BAKER

4. DATE OF DEATH Month Day Year
October 17, 1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐
Widowed ☐ Divorced ☒

8. DATE OF BIRTH

2-26-94

9. AGE (last birthday)

68

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Painter, retired

10b. KIND OF BUSINESS OR INDUSTRY

Chevrolet automobile Creighton, Mo.

11. BIRTHPLACE (City and state or country)

U.S.A.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Robert E. Baker

13b. MOTHER'S MAIDEN NAME

Alice Colbert

14. NAME OF HUSBAND OR WIFE

Address

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)
Yes WWI

16. SOCIAL SECURITY NO.

17. INFORMANT

VA Hospital Official Records, K.C. Mo.

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Acute myocardial infarction

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b) Thrombosis of the anterior descending coronary artery

DUE TO (c) Perforation of the ileum with generalized peritonitis

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☒ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. Attended the deceased from September 19, 1962, to October 17, 1962

Death occurred at 9:40 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

VIRGILIO SANGALANG, M.D.

22b. ADDRESS

VA Hospital, Kansas City, Mo.

22c. DATE SIGNED

10-18-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

REMOVAL

23b. DATE

OCT. 20, 1962

23c. NAME OF CEMETERY OR CREMATORY

LONE JACK CEMETERY

23d. LOCATION (City, town, or county)

LONE JACK

(State)

MISSOURI

24. FUNERAL DIRECTOR

D.W. NEWCOMER'S SONS KANSAS CITY, MO.

ADDRESS

1331 BRUSH CR.

25. DATE RECD. BY LOCAL REG.

10-19-62

26. REGISTRAR'S SIGNATURE

Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Harold L. Schternacht

Licensed Embalmer No. 3235

P. O. Address

Wm. C. Evans

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.